POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	3-7-01
FORMALITY REVIEW	/1-S	866	03 30-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim (Final)	Original	Date
1	✔	
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28	✔	
29	O	
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31	O	
32	O	
33	O	
34	O	
35	O✔	
36	O✔	
37	✔	
38	O✔	
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40	O✔	
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Claim (Final)	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet h re

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L.L.
03/30/01